

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

APPLICATION 3675

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____
Street City State Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

<u>Name of Program / Course (if Course Approval , Include Delivery Method)</u>	<u>Current Catalog Page Number</u> (or attach display)	<u>Effective Date</u> (mm/dd/yyyy)
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
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	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

Signature of Authorized Official

Printed Name

Title

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY (SC SAA)**

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ACADEMIC CATALOG/STUDENT HANDBOOK CHECKLIST AND CERTIFICATION

An authorized institutional representative should complete and sign this form. The form should then be returned to the SC SAA along with two copies of the school's current catalog and student handbook and any other document(s) referenced.

SCHOOL _____ CITY _____

CATALOG / BULLETIN DATES _____ HANDBOOK DATES _____

Programs listed in this catalog/bulletin are consistent in TIME and/or TITLE with those currently approved by the SC SAA. Yes ☐ No ☐ **If "NO", attach a 3675 or 3676 Application to revise the current listing.**

**Note: On each line below, specify the page number and the publication that contains the required information. For example, if volume number and date of publication are found on page 1 of the catalog, you would write "1-C"; if on page 1 of the handbook, write "1-H"...*

- _____ 1. Volume number and date of publication
- _____ 2. Names of school governing body, officials, and faculty
- _____ 3. Calendar showing beginning and ending dates of each term, holidays, and other important dates
- _____ 4. Policy for minimum entrance requirements
- _____ 5. Policy on granting credit for prior education
- _____ 6. Grading system (to include policy for removing Incomplete (I) grades)
- _____ 7. School's policies describing conditions under which a student's training/benefits would be interrupted:
a. probationary period if any _____, b. academic progress _____, c. unsatisfactory conduct _____
- _____ 8. Policy describing conditions which must be satisfied to allow a student to be re-instated or re-enrolled following interruption of training/benefits
- _____ 9. Policy concerning leave _____, attendance _____, and tardiness _____
- _____ 10. Statement of academic progress records maintained by the school and furnished to the student
- _____ 11. Graduation requirements
- _____ 12. Schedule of tuition and fees, and/or total cost of each course
- _____ 13. Policy describing pro-rata refund of tuition and fees as required by CFR 21.4255 (for Non-Accredited Colleges/Universities Only)

I certify that this CATALOG/HANDBOOK/BULLETIN is true and correct in content and policy.

Name of Authorized Institutional Representative (Printed) _____ (Signed) _____

Title _____ Telephone (____) _____

Date Signed _____